Filing in Compliance with Notice 2002-34

Short Form

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year

The organization may have to use a copy of this return to setisfy state reporting requirements

Open to Public Inspection

OMB No 1545-1150

Inter	nal Revenue Service		ne organization may nave to use a c	opy or this return to sausty st	ate repo	rung requirements		mopouton		
A	For the 2001 cater	dar year,	or tax year beginning	, 2001, a	ınd endi	ng		, 20		
<u>B</u> (Check if applicable	Please	C Name of organization			D Empl	ployer identification number			
	Address change	use IRS	LIBERTY PAC			76-0	0266827			
	Name change	Interior LIDERII FAC								
X	Initial return	type								
	Final return	See Specific	9/9-	-297-	3102					
	Amended return	Instruc- tions						·ENI ·		
	Application pending	P Enter	4-digit (C	DEN) P						
	• Section 501(d)(3) organi	izations and 4947(a)(1) nonexempt	chantable trusts must attach	8	G Accounting me	ethod [Cash X Accrual		
	·		mpleted Schedule A (Form 990 or 9			Other (specify)▶	- -		
						H Check ▶ XI	f the ora:	enization		
1 1	Web site· ▶			<u> </u>		is not required	ed to attach (Form 990, 990-EZ, or 990-PF)			
j	Organization type	(check on	ıly one) — 🔲 501(c) () ◀ (ınse	ert no.) 🔲 4947(a)(1) or 🛚	527	Schedule B (F				
K	Check ▶ ☐ If the o	roanization	n's gross receipts are normally not mo	ore than \$25,000 The organiz	ation nee	ed not file a return w				
			in the mail, it should file a return wit					-,		
			ne 9 to determine gross receipts, if \$				<u></u> ► \$	58,440		
			penses, and Changes in I				Instruct			
٠			· · · · · · · · · · · · · · · · · · ·		ala, loc	O (Occ Opcomo		58,440		
		_	ts, grants, and similar amounts				1	30,440		
	_		revenue including government	iees and contracts			2	<u> </u>		
		•	s and assessments				3			
	4 Investme		=	م ا	_ 1		4			
			om sale of assets other than in			_	1 1			
			er basis and sales expenses	5			 			
a	c Gain or		m sale of assets other than inv	entory (line 5a less line 5	ob) (atta	ach schedule)	5c	<u>-</u>		
Revenue	- -6-Special		nd activities (attach schedule)							
Ş	: a Gross re		ot including \$		1					
, ≈	reported			<u> 6</u>			1 1			
1			nses other than fundraising exp							
Α,	JDLcXNet filter	ULc2Net (hcome of (loss) from special events and activities (line 6a less line 6b)								
1_	7a Gross sa	7a Gross saled of Inventory less returns and allowances 7a								
	Less co	1b Less cost of goods sold								
•	Gross pr	C Gross profit or (loss) from sales of inventory (line 7a less line 7b)								
	8 Other re	8 Other revenue (describe ▶					8			
	9 Total rev						9	58,440.00		
	10 Grants a	nd simila	ar amounts paid (attach schedi	ule)			10			
	11 Benefits	paid to o	or for members				11			
ø	12 Salaries,	other co	ompensation, and employee benefits				12	1,000.00		
penses	13 Profession	onal fees and other payments to independent contractors					13	18,712.00		
. 8	14 Occupar	ncy, rent, utilities, and maintenance					14			
ď			ions, postage, and shipping				15	48,385.00		
								4,731.00		
J			(add lines 10 through 16)				16 17	72,828.00		
3 29	145 -) for the year (line 9 less line 1	7)	•		18	(14,388.00		
Net Assets	19 Net asse	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with						,		
8	end-of-v	end-of-year figure reported on prior year's return)						7,702.00		
, 2	20 Other ch	Other changes in net assets or fund balances (attach explanation)					19 20	7 /		
Ž	21 Net assets or fund balances at end of year (combine lines 18 through 20)						21	(6,686.00		
						noro filo Form O				
-										
22	· · · · · · · · · · · · · · · · · · ·							(B) End of year		
22	Cash, savings, and investments 7,702.(23 23	8,100.00		
23		nd and buildings								
24	·	Other assets (describe ▶)								
25		Total liabilities (describe ▶)								
26	Total liabilitie							14,786.00		
27			alances (line 27 of column (B)	must agree with line 21)	· •	7,702.	00 27	(6,686.00		

What is the organization's primary exempt purpose? Control Note Control Not		-A 101	0.1	10.1 10.0		40.5					
Describe will will be active of persons benefited, or dher relevant information for each programmitie. Comment	Pa	rt III j	Statement of Program Service Accor	npiisnments (See Specific	Instructions on pa	age 40)	┨	Expenses			
Section Part	Wh	at is the	organization's primary exempt purpose?.					(Required for 501(c)(3) and (4)			
(Grants \$) 28a (Grants \$) 30a (Grants \$) 30a (Grants \$) 30a (Grants \$) 30a (Grants \$) 31a (Grants \$) 31a (Grants \$) 31a (A) Name and address (A) Name	Des	anbe wha	t was achieved in carrying out the organization's exe	ampt purposes. In a deer and con	ase manner, desanbe	the services					
(Grants \$) 28a 30	prov	ided, the	number of persons benefited, or other relevant infor	mation for each program title.			UU50	, quu a	- UT UT E	(S.)	
(Grants \$) 28a 30	28										
Corants \$ 298							1				
Contacts				(Grants \$)	28a				
Contacts	29										
31 Other program services (attach schedule) (Grants \$) 30a 32 Total program service expenses (add lines 28a through 31a) (Grants \$) 31a 33 Total program service expenses (add lines 28a through 31a) (Grants \$) 37a 34 Williams and address (A) Name and address (A) Fire and service (III) compressed See Specific Institutions on page 41) 35 Total program service expenses (add lines 28a through 31a) (A) Name and address (A) Name and A) Name and A											
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Crants \$ 30a	20				Ciunto w		1200	<u> </u>			
31 Other program services (attach schedule) 32 Total program services expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even find compensated. See Specific Inclusions on page 40.) (A) Name and address (B) Title and evenage devoted to position (A) Name and address (B) Title and evenage devoted to position (A) Name and address (B) Title and evenage devoted to position (C) Compensation (D) Combination (D) Compensation of the address of the event allowances other allowances of the event and event allowances of the eve	30					-					
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Part V List of Officers, Directors, Trustees, and Key Employeas (List each one even if not comparested. See Specific Instructions on page 40).						!	-				
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Part V Other Information (Note the attachment requirement in General Instruction V, page 14.) Yes N				(B) Title and average	(C) Compensation	(D) Cortilation	ue to				
Part V Other Information (Note the attachment requirement in General Instruction V, page 14.) Yes N 33			(A) Name and address	nours per week devoted to position		deferred comper	parsa. sation				
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Did the organization ergage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity Vere any charges made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the charges If the organization had income from business activities, such as those reported on lines 2.6, and 7 (among divers), but NOT reported on Form990-T, attach a statement explaining your research for the growing the income on Form 990-T Bif "Yes," has it filled a tax return on Form 990-T for this year? Was there a liquidation, dissolution, termination or substantial contraction during the year? (If "Yes," attach a statement.) The amount of political expenditures, direct or indired, as described in the instructions. Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee OR were any such loans made in a prior year and still unipaid at the stant of the period covered by this return? If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. 39 501(c)(7) organizations Enter a limitation fees and capital contributions included on line 9 39a 39b 501(c)(3) organizations. Enter a limitation fees and capital contributions included on line 9 39a 39b 501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 ▶ section 4911 ▶ section 4911 ▶ section 4912 ▶ section 4912 ▶ section 4915 ▶ section 4911 ▶ section from a prior year? If "Yes," attach a explaration. C Amount of tax imposed on organization manages or disqualified persons during theyer under 4912, 4965, and 4968 ▶ Telephone no ▶ 979-297-310. Located at ▶ 101 BLOSOM, LAKE JACKSON, TX Telephone no ▶ 979-297-310. Under penalties of perior by Idealare that I have examined the return, including accompanying schedules and statements, and to the best of my knowledge signature. Preparar's Erm anima fo			<u> </u>					<u> </u>			
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Were any changes made to the organizarg or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes 2	33	Did the	omanization engage in any activity not organize the	enorted to the IRS? If "Yes" attack	h a detailed description	of each activity	,			х	
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40a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶									İ		
section 4911 ▶ section 4912 ▶ section 4955 ▶ b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation. c Amount of tax imposed on organization mengers or disqualified persons during the year under 4912, 4955, and 4968 ▶											
b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation. c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 d Enter Amount of tax on line 40c, above, reimbursed by the organization List the states with which a copy of this return is filled ▶ 10 BLOSSOM, LAKE JACKSON, TX 10 BLOSSOM, LAKE JACKSON, TX 21P+4 ▶ 77566 3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here ▶ □ and enter the amount of tax-exempt interest received or accrued during the tax year 10 Under penalties of perjury I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge to belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Please Sign Preparer's Signature of officer Lori Pyeatt, Treasure Type or print name and title Preparer's Firms name (or yours Firms as name (or yours firms name (or yours firms)) Paul, Phipps & Co., PLLC EIN ▶ 76-0627263	40 8	i <i>501(c</i>)(3) organizations Enter Amount of tax in	nposed on the organization	dunng the year ur	nder					
become awere of an excess benefit transaction from a prior year? If "Yes," attach an explanation. c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 d Enter Amount of tax on line 40c, above, reimbursed by the organization List the states with which a copy of this return is filed Telephone no 979-297-310 Located at 101 BLOSSOM, LAKE JACKSON, TX ZIP+4 77566 3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Vinder penalties of perjury I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Please Sign Preparer's Signature of officer Lori Pyeatt, Treasure Type or print name and title Preparer's Freparer's Signature of officer Lori Pyeatt, Treasure Type or print name and title Preparer's Signature of officer Preparer's SSN or PTIN (See Gen Inst. of 7/10/02 and 5/10/02 and 5/1		section	on 4911 ▶, section	4912 ▶	, section 4955	· 			ļ	ـــ	
c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4965, and 4968 d Enter Amount of tax on line 40c, above, reimbursed by the organization List the states with which a copy of this return is filed ▶ Telephone no ▶ 979-297-310 Located at ▶ 101 BLOSSOM, LAKE JACKSON, TX ZIP + 4 ▶ 77566 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here ▶ □ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 □ Under penalties of perjury I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and enter the according to the penalties of perjury I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and enter the according to the penalties of perjury I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and enter the according to the penalties of perjury I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and enter the amount of which preparer has any knowledge and enter the amount of which preparer has any knowledge and enter the amount of which preparer has any knowledge and enter the amount of which preparer has any knowledge and enter the amount of tax-exempt interest received or accrued during the tax year Preparer's Signature of officer Type or print name and title Preparer's Signature Prepar	t					during the year	r or did	lrt .	İ		
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EIn # 76-0266827

Liberty PAC Other Expenses Line 16

Form 990, page 1 Part 1, Line 16

Service Charges 478 00

Travel 504 00

Political Contributions 3,749 00

Total 4,731 00